2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005121

Entity Name: KISSIMMEE OAKS HOUSING I, INC.

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

2350 N. CENTRAL AVE KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

2350 N. CENTRAL AVE KISSIMMEE, FL 34741

FEI Number: 59-3228411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOUGLAND, BEVERLY 700 GENERÁTION POINT KISSIMMEE, FL 34744

OFFICERS AND DIRECTORS:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete HEALY, ROBERT JR HEALY, ROBERT JR Name: Name:

2661 BOGGY CREEK RD Address: 2661 BOGGY CREEK RD Address: City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: KISSIMMEE, FL 34743

Title: PD () Delete Title: () Change () Addition

SCARBOROUGH, PATRICIA Name: Name: Address: 1561 HEATHER WAY Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip:

Title: () Delete Title: (X) Change () Addition KOSHNICK, NEIL Name: CHAMBERS, PATTY Name:

3421 DOUGLAS CT 3 COURTHOUSE SQUARE Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: KISSIMMEE, FL 34741

Title: DV () Delete Title: SD (X) Change () Addition

BROWN, CARMENCITA Name: DAVITT, MARIANNE Name: 700 W OAK STREET 879 ASPENWOOD CR Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: KISSIMMEE, FL 34743

Title: () Delete Title: (X) Change () Addition

COLON, GERMAN DAVITT, MARIANNE Name: Name: 259 E. CEDARWOOD CR. 700 W OAK ST Address: Address: City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: KISSIMMEE, FL 34741

Title: () Delete Title: () Change () Addition

CARRASQUILLO, CARMEN Name: Name: Address: 498 FLORAL DR Address: KISSIMMEE, FL 34743 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE L. BENCA **CFO** 01/21/2009